CALIFORNIA DEPARTMENT OF EDUCATION
CHILD DEVELOPMENT DIVISION

NOTE: When applicable, this form is to be completed and used with form CD-9600

STATEMENT OF INCAPACITY

(PARENT OR CARETAKER)

CD-9606 (09/01)

Please print or type information.

AGENCY	DATE

PART I – To be completed by authorized agency representative.

NAME OF CONTACT PERSON FOR VERIFICATION	NAME OF PARENT(S) OR CARETAKER(S)	SIGNATURE OF PARENT(S) OR CARETAKER(S)

In order for the child (or children) of a parent or caretaker to be eligible to receive child development services, the California Department of Education requires verification that the medical or psychiatric special needs of the parent or caretaker cannot be met without the provision of child development services.

The parent or caretaker listed above has authorized us to contact you for such verification. Your cooperation in answering the questions and returning this form within two weeks to the agency listed below will enable our agency to establish eligibility.

NAME OF AUTHORIZED AGENCY REPRESENTATIVE		TELEPHONE NUMBER ( )
ADDRESS	CITY	ZIP CODE

PART II – To be completed by a licensed professional.

NATURE OF INCAPACITY	PROBABLE DATES OF INCAPACITY	
	From	*To*

Does the nature of the incapacity prevent the parent or caretaker from caring for the child without assistance for at least some part of the day? ☐ Yes ☐ No	NUMBER OF HOURS PER DAY CHILD CARE REQUIRED.							Is hospitalization required at this time? ☐ Yes ☐ No
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	

COMMENTS (Attached a separate sheet, if necessary):

LICENSED PROFESSIONAL SIGNATURE	DATE	TELEPHONE

LICENSE /CREDENTIAL TYPE	LICENSE /CREDENTIAL NUMBER

ADDRESS	CITY	STATE	ZIP CODE